

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/21/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>185287</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/28/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>HARRODSBURG HEALTH &amp; REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>853 LEXINGTON ROAD</b> <b>HARRODSBURG, KY 40330</b>		
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F 000	INITIAL COMMENTS	F 000			
F 514 SS=D	<p>An Abbreviated Survey investigating Complaint KY#00023937 was initiated on 10/23/15 and concluded on 10/28/15. Complaint KY #00023937 was unsubstantiated with an unrelated deficiency cited at a Scope and Severity of a "D".</p> <p>483.75(I)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE</p> <p>The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of facility policy, it was determined the facility failed to ensure clinical records were complete, accurately documented, readily accessible, and systematically organized for one (1) of four (4) sampled residents (Resident #1).</p> <p>Resident #1 was transferred to the Hospital Emergency Room (ER) on 10/12/15 related to a</p>	F 514			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

11/23/2015

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 514	<p>Continued From page 1</p> <p>skin tear requiring twenty-three (23) sutures. However, there was no documented evidence the facility obtained discharge instructions from the Hospital ER or notified the Physician to obtain Physician's orders for wound care.</p> <p>The findings include:</p> <p>Review of the facility policy "Charting and Documentation", undated, revealed services provided to the resident, or any changes in the resident's medical or mental condition, should be documented in the resident's medical record. .</p> <p>Review of Resident #1's medical record revealed the facility admitted the resident on 09/12/2012 with diagnoses including: Rheumatoid Arthritis, Contracture, Abnormal Posture, Transient Cerebral Ischemic Attack, Gastroesophageal Reflux Disease, Anemia, and Depression. Review of the Quarterly Minimum Data Set (MDS) Assessment dated 08/28/15 revealed the facility assessed the resident as having a Brief Interview for Mental Status (BIMS) of a ten (10) indicating indicating moderate cognitive impairment.</p> <p>Review of the Situation Background Assessment Recommendation (SBAR) Communication Form, dated 10/12/15 at 8:50 AM, revealed Resident #1 suffered a Skin Tear to the Left Forearm and Emergency Medical Transport was contacted.</p> <p>Review of the Progress Notes dated 10/12/15 at 4:48 PM, revealed Resident #1 returned to the facility at 3:15 PM via Emergency Medical Services. The Note stated the resident had twenty-three (23) sutures to his/her Left Lower Arm and the area was re-enforced with ABD</p>	F 514			

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F 514	<p>Continued From page 2</p> <p>(abdominal) Pads and Kerlex. However, there was no documentation in the Progress Notes regarding the ER discharge instructions for Resident #1 and no documented evidence Resident #1's Physician was notified to obtain Physician's orders related to wound care.</p> <p>Interview with Registered Nurse (RN) #1 on 10/27/15 at 2:45 PM, revealed she was assigned to Resident #1 at the time the resident returned from the Emergency Room on 10/12/15 and there was no discharge instructions from the ER. RN #1 stated it had been a very busy day and she received a new admission as Resident #1 returned to the facility. Further interview, revealed the ER was not contacted for discharge instructions regarding the care of Resident #1's skin tear and sutures; but she had contacted the resident's Physician related to the resident's return from the ER. However, there was no documented evidence of Physician notification related to the resident's return from the ER with the sutures, and no documented evidence of new Physician's orders regarding the care of Resident #1's left lower arm skin tear with twenty-three (23) sutures. In addition, there was no documented evidence of any treatment being performed for the wound per the Treatment Administration Record (TAR) dated October 2015.</p> <p>The surveyor obtained records from the hospital for Resident #1's visit to the Hospital ER on 10/12/15. Review of the Hospital Patient Care Instructions; follow up for caregivers, dated 10/12/15 at 12:43 PM, revealed instructions to have sutures removed in seven (7) days, keep wound clean and dry, follow-up with doctor, and return to ER as needed.</p>	F 514			

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F 514	<p>Continued From page 3</p> <p>Observation of Resident #1's left lower arm, with RN #1 on 10/28/15 at 11:00 AM, sixteen (16) days following the ER visit, revealed the resident's skin tear was healing and the twenty-three (23) sutures remained intact with no signs or symptoms of infection. Interview with RN #1 at the time of the observation revealed the nurses had just been observing the wound and applying dry sterile dressings as needed while the wound had been healing. RN #1 stated no orders were received to remove the sutures. Further interview revealed she should have followed up and contacted the ER for discharge orders and documented the care and notifications in Resident #1's Progress Notes.</p> <p>Interview, with the Medical Director, on 10/28/15 at 3:30 PM, revealed "the nurses notified me, I don't remember which one, but they notify me all the time. I have been monitoring and following the wound and it has been looking so good I just forgot to write it in my progress notes and I take full responsibility for that. The sutures are not embedded, and I will probably take them out in the next 3-5 days. "</p> <p>Interview, with the Director of Nursing (DON), on 10/28/15 at 2: 20 PM, revealed it was her expectation that all nurses document fully and correctly the care which they had provided to the residents. The DON stated, if the ER did not send back discharge orders, the nurse was to contact the ER to clarify, receive and document the discharge orders as well as receive report from the nursing personnel at the ER regarding a resident's visit.</p> <p>Interview with the Administrator on 10/28/15 at 4:00 PM, revealed it was her expectation for all</p>	F 514			

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F 514	Continued From page 4 nursing staff at the facility to follow the Charting and Documentation Policy and accurately document all care which the resident's received.	F 514			